

BEST AVAILABLE COPY

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09782148</div>		FILING DATE <div style="font-size: 1.2em; font-family: cursive;">02.12.01</div>	
APPLICANT(S)									
<b>CLAIMS</b>									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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TOTAL IND.	1	0							
TOTAL DEP.	0	0							
TOTAL CLAIMS	1	0							

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		0		0		0
TOTAL DEP.		0		0		0
TOTAL CLAIMS		0		0		0